



# THE SCOTS SCHOOL

## Medical History Form - Excursions

Surname: ..... Given Name: .....  
Address: ..... Phone: .....

Date of Birth \_\_\_/\_\_\_/\_\_\_ Medicare Number ..... Ambulance Cover: YES/NO  
Position on the Card: ..... Expiry Date: ..... Health Fund: .....

Drug Allergies: ..... Food Allergies: .....  
Other Allergies: .....  
Treatment for Allergies: .....  
.....  
.....

Name of Doctor: .....  
Address: ..... Phone: .....

Name of Dentist: .....  
Address: ..... Phone: .....

Other Healthcare Professional: ..... Phone: .....

State Health Issues, Medical Alerts or Special Needs of which the Scots School should be aware  
(please include details of any activities the student should not participate in by reason of a medical  
condition) .....  
.....  
.....

### Emergency Contact Details:

Contact 1:  
Name: ..... Address: .....  
Relationship: ..... Phone:(W) .....(H)..... Mobile: .....

Contact 2:  
Name: ..... Address: .....  
Relationship: ..... Phone:(W) .....(H)..... Mobile: .....

Medications: List current Prescription medications: .....

.....  
List Prescription Medication, their dose and frequency, that your son/daughter is currently taking:  
.....  
.....

List Non-Prescription medications taken at home for ailments: .....

Please give information or conditions of Current Illnesses: .....  
.....

Please initial beside each medication which you authorise staff to administer to your child if required:

Anti Inflammatory Gel .....	Betadine: .....	Cepacol: .....
Antifungal Cream .....	Difflam Gargle .....	Heat Rubs .....
Panadol .....	Stingoes .....	Visine .....
Savlon/Antiseptic Cream .....	Throat Lozenges .....	Duro Tuss Elixir .....
Demazin/Cold & Flu Tablets .....		

### MEDICAL CONSENT

**To: THE PRINCIPAL, THE SCOTS SCHOOL BATHURST**

I, We .....(print names)  
the undersigned, provide the information contained in this form and  
certify its accuracy.

I, We authorise and consent to the administration of the procedures  
set out above in the event of injury to or illness of:  
.....(name of child)

I, We authorise you to obtain and assist in the administration of medications  
specified and any others as notified by me/us from time to time in writing  
on behalf of my/our named child.

**I/We undertake to inform you of any changes to the information in this  
form, as and when necessary.**

Signed: ..... Signed: .....  
Parent/Guardian Parent/Guardian

Date: ..... Date: .....